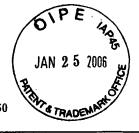
## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

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or <u>Fax</u> (571) 273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

appropriate. All further cor indicated unless corrected t maintenance fee notification	below or directed otherwise	in Block 1, by (a)	specifying a ne	w correspondence address	s; and/or (b) indicating a sep	arate "FEE ADDRESS" for
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)  21171 7590 10/26/2005				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.		
					•	aiada
STAAS & HALSEY LLP SUITE 700- 1201 NEW YORK AVENUE, N.W.				Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.		
WASHINGTON, I	JC 20003				OMTES 00000192 09893	(Depositors name)
					MALES MANUAL AS MANAS	(Signature)
	•			01 FC:1501 02 FC:1504		400.00 0P 300.00 ND (Date)
APPLICATION NO.	FILING DATE	FIRST NAME		VENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/893,903	06/29/2001		Hiroyuki Irie		1466.1040	4931
}	OMMUNICATION SYSTE	<del></del>		1	· · · · · · · · · · · · · · · · · · ·	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATÉ DUE
nonprovisional	NO	\$1400		\$300	\$1700	01/26/2006
EXAMINER		ART UNIT		CLASS-SUBCLASS		
DONAGHUE, LARRY D		2154		709-225000		
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON PLEASE NOTE: Unless an assignee is identified below, no assignee recordation as set forth in 37 CFR 3.11. Completion of this form is NO.			data will appear on the patent. If an assignee is identified below, the document has been filed for			
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Please check the appropriate	e assignee category or catego	ries (will not be pri	inted on the pater	nt): 🗖 Individual 🛣	Corporation or other private g	roup entity Government
4a. The following fee(s) are	enclosed:	4b	. Payment of Fee	e(s):		
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_	s (from status indicated above SMALL ENTITY status. See		☐ b. Applicant	is no longer claiming SM	ALL ENTITY status. See 37 (	CFR 1.27(g)(2).
The Director of the USPTO	is requested to annly the Iss	ue Fee and Publica	d from anyone of	or to re-apply any previous her than the applicant; a re-	sly paid issue fee to the applic gistered attorney or agent; or	cation identified above. the assignee or other party in
Authorized Signature	MS	has		Date	Jan 25,20	N
Typed or printed name	H. JV STAA	S		Registratio	on No. 22,010	
This collection of informati	ion is required by 37 CFR 1.3	11. The information	on is required to c	obtain or retain a benefit by	y the public which is to file (a 2 minutes to complete, includ	nd by the USPTO to process)

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